

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-S	12/11/02	12/11/02
RESPONSE FORMALITY REVIEW	P.B	10/1	12/13/01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 (Through numeral)..... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	11/17/02
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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C.C.  
 12-20-02